Name in Full: James S. Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deals Island; County: Somerset

Date of death: Month: Sept; Day: 28; Year: 1904; Age: Years: 1; Months: —; Days: —

Sex: male; Color or Race: Black; Birthplace: Deals Island

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas. H. Anderson; Father's Birthplace:

Mother's Maiden Name: Susie E. Robinson; Mother's Birthplace:

Name of person giving Information: Jas H Anderson; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric-Colitis 105; How long: 4 wks.

Immediate: Asthenia; How long: 1 wk.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Alexander, M.D.

Address: Deal Island

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: Wesley Beauchamp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Edwin P.O. County: Somerset

Date of death: Month: Sept. Day: 4 Years: 55 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Somerset Co.

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife ~~or Husband~~: Maggie Beauchamp.

Father's Name: Tubman Beauchamp. Father's Birthplace: Md.

Mother's Maiden Name: Mary Beauchamp. Mother's Birthplace: Md.

Name of person giving Information: Robt Beauchamp. Son-in-law How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs How long: 1 yr.

Immediate: Exhaustion How long: 4 wks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. T. Fisher M.D.

Address: Princess Anne, Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Boggs Mr. [illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Upper Fairmount — County: Somerset

Date of death 1904 — Month: Sept — Day: 24 — Age — Years: 1 — Months: 3 — Days:

Sex: Mail — Color or Race: Colored — Birthplace: Upper Fairmount

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wilmore Boggs — Father's Birthplace: Upper Fairmount

Mother's Maiden Name: Eliza " — Mother's Birthplace: " "

Name of person giving In formation: D. J. Maddox — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 105 — How long:

Immediate: Diarhea — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Amanda Jane Anderson Burk

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Carroll

Date of death 190[illegible] — Month: Feb. — Day: 23 — Age — Years: 72 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: Anne Arundel Co.

Married, Single or Widowed: Married — Occupation: Housework

Name of Wife or Husband: Edward Burk

Father's Name: Benj. Anderson — Father's Birthplace:

Mother's Maiden Name: Cumberson — Mother's Birthplace:

Name of person giving Information: Edward Burk — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? I believe so

Signature of Physician: Daniel W. Jones

Address: Prince St. Fred.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Lillie F Dashiell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Post Vernon — County: Somerset

Date of death 1904: Month: Sep — Day: 4 — Age: Years — Months: 11 — Days:

Sex: female — Color or Race: White — Birthplace: Post Vernon

Occupation: — Where Residing if not at place of death: Post Vernon

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Stephen F Dashiell — Father's Birthplace: Post Vernon

Mother's Maiden Name: Ruby P McEntire — Mother's Birthplace: Mary

Name of person giving Imformation: Stephen F Dashiell — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cobra in paxton — How long: 1 Week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Hoyt

Address:

Accident or Suicide?

Dale Dashiell under taker

LIBRARY BUREAU A66018

Name in Full

Certificate of Death

Infant

Died at Town: Princess Anne County: Somerset MARYLAND

Date 1894 Month Day: Sept. 24 | Age Y. M. D.: 6 | Native of: Md | Occupation:

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower Divorced | Number of children living

Husband of
Wife

Father's Name: Edward Dize

Mother's Name: Arinettia Dize

Cause of Death — Primary: Pemphigus

Immediate: Diarrhoea

How long sick: 3 weeks

Accident, Suicide, Homicide

Reported by: Dr G. W. Gill

Address: Princess Anne, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Roland Lee Dougherty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death: Month: Sept. Day: 20 1904

Age: Years: 1 Months: 0 Days: 0

Sex: Male

Color or Race: White

Birthplace: Crisfield Md

Occupation: none

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Lara Dougherty

Father's Birthplace: Hopewell Md

Mother's Maiden Name: Sula B. Dougherty

Mother's Birthplace: Hopewell Md

Name of person giving Information: Mr Ollie Dougherty

How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Deformity — How long —

Immediate: Marasmus — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A66B15

Name in Full: Mary A Fitzgerald

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oriole — County: Somerset

Date of death 1904 — Month: Sept — Day: 28 — Age: Years 76 — Months 1 — Days 16

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widowed — Occupation:

Name of Wife or Husband: Thomas Fitzgerald

Father's Name: Joseph Newman — Father's Birthplace: Md Somerset

Mother's Maiden Name: Harriet Gore — Mother's Birthplace: Md

Name of person giving Information: A B. Fitzgerald — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ascending Myelitis — How long: 5 years

Immediate: Exhaustion — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. L. Waylt M. D.

Address: Oriole Md

Accident or Suicide? No

LIBRARY BUREAU A89516

Name in Full: Monmouth Fitzhugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dames Quarter — County: Somerset

Date of death: Month: Sept. — Day: 6th — Year: 1904 — Age: Years: 23 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Somerset Co.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Jas. Fitzhugh

Father's Name: Wm Webster — Father's Birthplace: Somerset Co.

Mother's Maiden Name: Annie Young — Mother's Birthplace: Somerset Co.

Name of person giving information: Oliver Webster — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 years

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Winder

Address: Dames Quarter, Somerset Co., Md.

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full: Margie Gallop

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield — County: Somerset

Date of death 1904: Month: Sept — Day: 25 — Age: Years: 4 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: North Carolina

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: Peter Gallop — Father's Birthplace: N. C.

Mother's Maiden Name: Fedora Gallop — Mother's Birthplace: N. C.

Name of person giving information: Peter Gallop — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ulc Colitis — How long: 4 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Somers

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name In Full

Certificate of Death

George L Harsey

Died at Town Hopewell County Cammissed MARYLAND

Date 1904 Month Sept Day 20 | Age Y. 6 M. D. | Native of Md | Occupation home

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living none

Husband of
Wife

Father's Name Burdgeard Harsey | Mother's Maiden Name Gertrude Wiles

Cause of Death: Primary | How long sick

Immediate | Accident, Suicide, Homicide

1904

Reported by

Address R. F. D. Adams Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

undertaker

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LIBRARY BUREAU, 79898

Name in Full: Cate Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt. Vernon — County: Dorchester

Date of death 190 4: Month: Sept — Day: 19 — Age: Years: 43 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Virginia

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Robt Jones

Father's Name: Wm Tilley — Father's Birthplace: Virginia

Mother's Maiden Name: Mary Wm — Mother's Birthplace: Virginia

Name of person giving information: Robert Jones — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: pneumonia 104 — How long

Immediate — How long: one month

Are the name, age, sex, color, date and place correctly given above? So far as known

Signature of Physician: David W Jones

Address: Princess Anne

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Catherine Maddy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairmount; County: Somerset

Date of death: Month: Sept.; Day: 1; Year: 1904; Age: Years: 61; Months: —; Days: —

Sex: Female; Color or Race: Blk; Birthplace: Fairmount

Occupation: —; Where Residing if not at place of death: "

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: Charlotte Maddy; Mother's Birthplace: —

Name of person giving Information: Thomas Melvin; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age & General debility; How long: 8 Mo.

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? To the best of my knowledge

Signature of Physician: Geo H. Hall

Address: Manokin Md.

Accident or Suicide? —

LIBRARY BUREAU A99516

Name in Full: Jouseal Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield — County: Somerset

Date of death: 1904 — Month: Sept — Day: 5th

Age — Years: — Months: 6 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Crisfield Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Thomas Mills — Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Lena Sanders — Mother's Birthplace: Somerset Co Md

Name of person giving Information: Celia Williams — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Croup — How long: four months

Immediate: Two months — How long: Two months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: None

Address: under Coroner Isaac Fields

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Riley E Elgey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonsfield — County: Somerset

Date of death: 1904 — Month: 9 — Day: 17 — Age: Years — Months: one — Days

Sex: Male — Color or Race: Col — Birthplace: Lonsfield

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Leona E Elgey

Father's Name: Robert J Elgey — Father's Birthplace: Lonsfield Md

Mother's Maiden Name: Leona Messenger — Mother's Birthplace: Deer Hill Md

Name of person giving In formation: Robert J Elgey — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: croup — How long: 2 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: had none

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Eleanora Phoebus

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hadenah — County: Somerset

Date of death: Month: Sept — Day: 16 — Year: 1904

Age — Years: 64 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Asbury Phoebus

Father's Name: Michael Webster — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Rose Blockenworth — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Haemorrhage — How long: 18 dys

Immediate: Cardiac Failure — How long: Instantly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Dashiell

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A6931S

Name in Full: John Rayfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield County: Somerset

Date of death 1904: Month: Sept Day: 22

Age: Years: 2 Months: 7 Days: —

Sex: Male Color or Race: Brown Birthplace: Crisfield

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Rayfield Father's Birthplace: Lawsonia Md

Mother's Maiden Name: Anne L Stockley Mother's Birthplace: Crisfield

Name of person giving information: Annie Gaines How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intermittent fever How long: 3 weeks

Immediate: Typhoid fever How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C E Collins

Address: Crisfield.

Accident or Suicide? —

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

Rubard Rayfield Somerset

Died at Town: Crisfield County: Somerset MARYLAND

Date 1904 Month: 9 Day: 14 | Age Y.: 2 M.: 3 D.: 10 | Native of: md | Occupation: child

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of ~~children living~~ no

Husband of Wife: Annie Rayfield

Father's Name: George Hase Mother's Maiden Name: Annie Rayfield

Cause of Death — Primary: Typhoid Fever — How long sick: 2 weeks

Immediate: Intestional Inflamation — Accident, Suicide, Homicide

Reported by: C. C. Ward

Address: Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: No name — Ramey Child

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Parsonville — County: Somerset

Date of death 190 — Month: Sept — Day: 8 — Age: Years — Months — Days: 4

Sex: Male — Color or Race: White — Birthplace: Parsonville

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Rhody C Ramey — Father's Birthplace: Virginia

Mother's Maiden Name: Ruth C Ward — Mother's Birthplace: Maryland

Name of person giving Information: Ruth C. Ward — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Defects — How long: 1 day

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. F. Hall

Address: Crisfield Md

Accident or Suicide? —

LIBRARY BUREAU A88818

Name in Full Susanna Stewart — Certificate of Death

Town — County

Died at Union — Somerset — MARYLAND

Date 19 04 — Month Sept — Day 18 — Age Y. 2 M. 4 D. — Native of — Occupation

[redacted] — [redacted] — Married — Single — Widow — Widower — Divorced — Number of children living

Female — Colored

Husband of / Wife

Father's Name [redacted]

Mother's Maiden Name Hadie Stewart

Cause of Death — Primary [redacted]

Immediate —

How long sick 1 year

Accident, Suicide, Homicide

Reported by Littleton Stewart

Address Princess Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898

Name in Full: William Jawes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death 190 4 — Month: Sept — Day: 2 8

Age — Years: 62 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Crisfield

Married, Single or Widowed: Married — Occupation: Sailor

Name of Wife or Husband: Betsy Jawes

Father's Name: Kenny Jawes — Father's Birthplace: Somerset Co

Mother's Maiden Name: Not Known — Mother's Birthplace: "

Name of person giving In formetion: Dr. J. F. Somers — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Parasis — How long: 2 years

Immediate: Cholera Morbus — How long: One night

Are the name, age, sex, color, date end place correctly given above? Yes

Signeture of Physician: J. F. Somers

Address: Crisfield Md

Accident or Suicide? No

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LIBRARY BUREAU A88316

Name in Full: not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chance — County: Somerset

Date of death 1904 — Month: Oct. — Day: 10th — Age — Years: 3 hours — Months — Days

Sex: male — Color or Race: White — Birthplace: Som. Co.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Edwd Tyler — Father's Birthplace: Som. Co.

Mother's Maiden Name: Mary A. Jones — Mother's Birthplace: Som. Co.

Name of person giving Information: Mary V. Tyler — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: premature birth — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: L. J. Windsor M.D.

Address: Princess Anne Somerset Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full: Cecile Pearl Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield; County: Somerset

Date of death 190 4: Month: Sept; Day: 7

Age: Years: —; Months: 2; Days: 14

Sex: Female; Color or Race: White; Birthplace: Crisfield Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: +

Father's Name: John Thomas Ward; Father's Birthplace: Lawsonia Md

Mother's Maiden Name: Elizabeth Mason; Mother's Birthplace: Lawsonia Md

Name of person giving Information: Mother; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis; How long: Two Weeks

Immediate: 105; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Stall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A88316

Name in Full: Harold Webster

CERTIFICATE OF DEATH

MARYLAND

Died at: Deals Island | Town | Somerset | County

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 9	Day: 16	Years: —	Months	Days

Sex: Boy | Color or Race: white | Birthplace: Deals Island

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed | Name of Wife or Husband

Father's Name: Isaac T. Webster | Father's Birthplace: Delaware

Mother's Maiden Name: Verda Somers | Mother's Birthplace: Deals Island

Name of person giving Information: Isaac Webster | How related to deceased: Parents

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum | How long: 4 days

Immediate: Asthenia | How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Alexander

Address: Deals Island Md

Accident or Suicide? —

LIBRARY BUREAU A68016

Name in Full

Certificate of Death

Delsie Wheatley.

Died at Princess Anne (Town) Somerset (County) MARYLAND

Date ~~1904~~ Month Sept Day 26 | Age Y. 5 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living-

Husband of
Wife

Father's Name John E. Wheatley

Mother's Name Annie Wheatley.

Cause of Death — Primary: Broncho-Pneumonia

Immediate: Exhaustion & Pulmonary Oedema

How long sick 11 days

Accident, Suicide, Homicide

Reported by Chas. T. Fisher, M.D.

Address Princess Anne, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Frank White

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: | County: Somerset | MARYLAND

Date of death: 1904 | Month: 9 | Day: 25 | Age: Years 70 | Months | Days

Sex: Male | Color or Race: Colored | Birthplace: Somerset Co

Occupation: Farmer | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Louisa White

Father's Name: Don't Know | Father's Birthplace:

Mother's Maiden Name: Don't Know | Mother's Birthplace:

Name of person giving Information: Wesley J. Kelly | How related to deceased: Town

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myocarditis - Mitral Insufficiency | How long: About a year

Immediate: Breaking Heart Compensation - Anasarca | How long: 3 Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R Lee Hall

Address: Pocomoke City, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Sallie W Cottington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marion — County: Somerset

Date of death 1904 — Month: Sept — Day: 2 — Years: Age 30 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex	Female	Color or Race: Black	Birthplace: Marion
Married, Single or Widowed	Widow	Occupation	Oyster Shucker
Name of Wife or Husband	Melvin W Cottington (deceased)		
Father's Name	Benjamin Horsey	Father's Birthplace	Marion
Mother's Maiden Name	Lizzie Horsey	Mother's Birthplace	Marion
Name of person giving information	Isaiah Johnson	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Typhoid Fever	How long: 4 weeks
Immediate	Intestinal Perforation	How long: one day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician: C E Caulk
		Address: Crisfield
Accident or Suicide?	—	

LIBRARY BUREAU A23516